



Louisiana Office of Student Financial Assistance Field Outreach Services (LFOS)

LFOS Activity Report Student Sign-in Sheet

School Name: _____

LFOS On-Site School Coordinator: _____

Title of Activity: Louisiana College Application Month (LCAM)

Date of Activity: _____

Name of Student (Print Clearly)	College(s) Applied to:	Total # of Colleges Applied to:
1. _____	1. _____ 2. _____ 3. _____	_____
2. _____	1. _____ 2. _____ 3. _____	_____
3. _____	1. _____ 2. _____ 3. _____	_____
4. _____	1. _____ 2. _____ 3. _____	_____
5. _____	1. _____ 2. _____ 3. _____	_____
6. _____	1. _____ 2. _____ 3. _____	_____
7. _____	1. _____ 2. _____ 3. _____	_____
8. _____	1. _____ 2. _____ 3. _____	_____